

State of Hawaii Department of Labor & Industrial Relations Unemployment Insurance Division  <b>CLAIMANT'S STATEMENT OF          GROSS WAGES / NET EARNINGS</b>	<b>For Office Use</b>  Check one: (see reverse) <input type="checkbox"/> Self-employed <input type="checkbox"/> Employment <input type="checkbox"/> Excluded Employment	Disaster No.  FEMA-
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Claimant's Name \_\_\_\_\_ SSA# \_\_\_\_\_

Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Trade or DBA Name \_\_\_\_\_

Business Address \_\_\_\_\_

Date employment/self-employment began: \_\_\_\_\_

Type of business (if self-employed): \_\_\_\_\_  Sole owner  Partner

Officers' Full Names with Title/Office Held	% Ownership

Employment Type:  Full-time  Part-time. If PART-TIME, average hours worked per week: \_\_\_\_\_

Record of net earnings/gross wages in Base Period:

Quarter Ending \_\_\_\_\_ \$ \_\_\_\_\_

Quarter Ending \_\_\_\_\_ \$ \_\_\_\_\_

Quarter Ending \_\_\_\_\_ \$ \_\_\_\_\_

Quarter Ending \_\_\_\_\_ \$ \_\_\_\_\_

Type of evidence presented:

- W-2
- Pay Stubs
- Profit & Loss Statement
- Income Tax Return
- Schedules \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- No Evidence Provided  
(See Certification below)

<b>APPLICANT'S CERTIFICATION</b>		
<p>I have provided the above information to be used to determine my Disaster Unemployment Assistance (DUA) weekly entitlement. I CERTIFY that the information is true and correct to the best of my knowledge. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS OR FOR WITHHOLDING MATERIAL INFORMATION IN CONNECTION WITH THIS CLAIM.</p>		
<p><input type="checkbox"/> I have been further advised that because my statement is being taken without any evidence, I must provide the office with proof of my employment and wages or self-employment and net earnings within 21 calendar days of filing my DUA claim. If I fail to do so, my DUA claim will be denied and I will be overpaid for any benefits paid on this claim.</p>		
<p><input type="checkbox"/> Last (business) day to provide proof: _____</p>		
Signature of Applicant:	Date:	Dept Rep:
If applicant is a minor, signature of adult member:		Date:

## NONCOVERED (EXCLUDED) SERVICES

- **Agricultural labor** if the employer paid less than \$20,000 total cash wages during each calendar quarter in both the current and preceding calendar years AND if he/she had in each of the current and the preceding calendar years: 1) 9 employees or fewer performing agricultural labor in any one calendar week, whether or not the same individuals performed such labor in each week, or 2) 19 calendar weeks or less, whether consecutive or not, in which agricultural labor was performed by the employees. Weeks of employment in the current and preceding years cannot be combined when determining coverage.
- **Domestic service** if the individual is paid cash remunerations of less than \$225 in a calendar quarter and the employer's total cash payroll for such services is less than \$1,000 in each calendar quarter in the current and preceding calendar years.
- **Casual labor not in the course of employer's business or trade**, earning less than \$50 per quarter and working less than 24 days per quarter in the current or preceding calendar quarters.
- **Commercial fishing service** of one or more employees for less than 20 weeks in the current or preceding calendar year on a fishing vessel weighing 10 net tons or less. Weeks of work in the current and preceding years cannot be combined to meet the 20 weeks of employment.
- **Family employment** (parents, spouse, or children under 21 years of age).
- **Federal or other state government service**
- **Nonprofit organization service if earning less than \$50 per quarter.**
- **Religious service by an ordained member of a church.**
- **Student service**, if regularly enrolled, for school, college, or university.
- **Service by a student enrolled at a nonprofit/public educational institution** in a full-time program for credit, which combines academic instruction with work experience (except a program established for or on behalf of an employer or group of employers).
- **Foreign government service.**
- **Student nurse or intern.**
- **Insurance agent paid on a commission basis.**
- **Newspaper delivery by a person under 18**
- **Job Corps, Neighborhood Youth Corps, and VISTA services under the federal Economic Opportunity Act of 1964.**
- **Registered travel sales representative paid on commission.**
- **Vacuum cleaner salesperson paid on commission.**
- **Real estate agent paid on commission.**
- **Family members each owning 50% of shares for family-owned private corporation voluntarily electing exclusion.**
- **Direct seller defined in section 3508 of the Internal Revenue Code.**
- **Election official or election worker defined in section 3309(b)(3)(F) of the Internal Revenue Code.**

**ENGLISH: Important!** This document has important information about your unemployment compensation rights, responsibilities, and/or benefits. It is essential that you understand the information in this document. **If you need help (free of charge) in understanding this document in your language,** please call (833) 901-2272 or (808) 762-5751 and (833) 901-2275 or (808) 762-5752; or go to [\[https://labor.hawaii.gov/ui\]](https://labor.hawaii.gov/ui). You can also contact the local offices listed below for assistance.

**CHINESE (Simplified): 重要!** 本文件包含有关您的失业补偿权利、责任和/或福利的重要信息。理解本文档中的信息非常关键。如果您需要帮助（免费）以您的语言理解本文档，请致电 (833) 901-2272 或 (808) 762-5751 和 (833) 901-2275 或 (808) 762-5752；或前往 [\[https://labor.hawaii.gov/ui/lep-chi\]](https://labor.hawaii.gov/ui/lep-chi)。您也可以联系下列当地办事处寻求帮助。

**JAPANESE: 重要!** この文書には、失業補償の権利、責任、および/または給付に関する重要な情報が含まれています。この文書の情報をしっかり理解することが大事です。この文書を理解する上で、あなたの言語で無料サービスを必要とされる場合は、(833) 901-2272 または (808) 762-5751 および (833) 901-2275 または (808) 762-5752 までお電話ください。または [\[https://labor.hawaii.gov/ui/lep-jpn\]](https://labor.hawaii.gov/ui/lep-jpn) にアクセスして下さい。下記の地域事務所も支援を受け付けておりますので、お問い合わせください

**TAGALOG: Mahalaga!** May mahalagang impormasyon ang (mga) dokumentong ito tungkol sa iyong mga karapatan sa kompensasyon sa kawalan ng trabaho, mga responsibilidad, at/o mga benepisyo. Mahalagang maintindihan mo ang impormasyon sa dokumentong ito. **Kung kailangan mo ng (libreng) tulong para maintindihan ang dokumentong ito sa iyong wika,** tumawag sa (833) 901-2272 o (808) 762-5751 at (833) 901-2275 o (808) 762-5752; o pumunta sa [\[https://labor.hawaii.gov/ui/lep-tag\]](https://labor.hawaii.gov/ui/lep-tag). Maaari ka ring makipag-ugnayan sa mga lokal na tanggapan na nakalista sa ibaba para sa tulong.

**ILOCANO: Nasken!** Addaan nasken a damag daytoy nga dokumento maipanggep dagiti rebbeng a bayad para iti pannakaawan iti trabaho, responsibilidad, ken/wenno pagimbagan. Nasken a maawatam iti damag ditoy a dokumento. **No masapolmo iti (libre a) tulong tapno maawatam daytoy a dokumento iti lengguahem,** awagam iti (808) 762-5751 wenno (833) 901-2272 ken (833) 901-2275 wenno (808) 762-5752; wenno mapan iti [\[https://labor.hawaii.gov/ui/lep-ilo\]](https://labor.hawaii.gov/ui/lep-ilo). Mabalainmo pay a sarungkaran dagiti lokal nga opisina a nailista iti baba para iti tulong.

**KOREAN: 중요!** 본 문서(들)는 실업 보상 권리, 책임 및/또는 혜택에 관한 중요한 정보를 포함하고 있습니다. 이 문서에 포함된 정보를 이해하는 것이 중요합니다. 문서를 모국어로 이해할 수 있도록 도움(무료)이 필요하시다면, (833) 901-2272 또는 (808) 762-5751, (833) 901-2275 또는 (808) 762-5752 로 연락해주시십시오; 또는 [\[https://labor.hawaii.gov/ui/lep-kor\]](https://labor.hawaii.gov/ui/lep-kor) 으روی동합니다. 또한 아래의 현지 사무소에 연락해 도움을 받을 수 있습니다.

**VIETNAMESE: Quan trọng!** (Các) tài liệu này chứa thông tin quan trọng về quyền được bồi thường thất nghiệp, trách nhiệm và / hoặc quyền lợi của bạn. Điều quan trọng là bạn phải hiểu thông tin trong tài liệu này. **Nếu bạn cần trợ giúp (miễn phí) để hiểu tài liệu này bằng ngôn ngữ của bạn,** vui lòng gọi (833) 901-2272 hoặc (808) 762-5751 và (833) 901-2275 hoặc (808) 762-5752; hoặc truy cập [\[https://labor.hawaii.gov/ui/lep-vie\]](https://labor.hawaii.gov/ui/lep-vie). Quý vị cũng có thể liên lạc với các văn phòng địa phương được liệt kê dưới đây để được trợ giúp.

**SPANISH: ¡Importante!** Este(s) documento(s) contiene(n) información importante sobre sus derechos, responsabilidades y/o beneficios de compensación por desempleo. Es fundamental que comprenda la información de este documento. **Si necesita ayuda (sin cargo) para comprender este documento en su idioma,** llame al (833) 901-2272 o (808) 762-5751 y (833) 901-2275 o (808) 762-5752; o vaya a [<https://labor.hawaii.gov/ui/lep-spa>]. También puede ponerse en contacto con las oficinas locales que se indican a continuación para obtener ayuda.

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**CHUUKESE: Aueha!** Ei taropwe a kan wor poraus aueha non usun eomuwe pung ren momon ese wor angang kena, met kopwe fofori, me/ika aninis kena. Mi fakkun namoteoch pwe en kopwe weweiti ewe poraus non ei taropwe. **Ika pwe en ka kan mochen aninis (ese wor momon) non weweitin ei taropwe non fosun fonuwom,** kose mochen korikich non (833) 901-2272 ika (808) 762-5751 me pwan (833) 901-2275 ika (808) 762-5752; ika kopwe ne no ngeni [<https://labor.hawaii.gov/ui/lep-chk>]. En kopwe kan pwan tongeni kori ewe ofes non nenieom mi maaketiw me fan ren aninis.

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**MARSHALLESE: Aurok!** Ewōr melele aurok ilo peba in/kein kin maron, eddo, im/ak jibañ ko am ikijen kolla eo an bōjrak jerbāl. Aurok am melele naan ko kobban peba in. **Ñe kwōj aikuj jibañ (ejellok wonnen) ñan am melele naan ko kobban peba kein ilo kajin eo am,** jouj im kall ae tōk kim ilo (833) 901-2272 ak (808) 762-5751 im (833) 901-2275 ak (808) 762-5752; ak loḷok [<https://labor.hawaii.gov/ui/lep-mah>]. Kwōmaron bar kebaak opij ko ilo jukjukinbed eo im emōj laajrak ijin lal ñan aer jibañ kwe.

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## UNEMPLOYMENT INSURANCE CLAIMS OFFICES

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### Oahu Claims Office

830 Punchbowl Street, Room 110, Honolulu, HI 96813-5080  
Phone: (808) 586-8970

### Hilo Claims Office

1990 Kinoole Street, Room 101, Hilo, HI 96720-5293  
Phone: (808) 974-4086

### Kona Claims Office

Ashikawa Building, 81-990 Halekii Street, Room 2090  
P.O. Box 167, Kealekekua, HI 96750-0167  
Phone: (808) 322-4822

### Maui Claims Office

54 South High Street, Room 201, Wailuku, HI 96793-2198  
Phone: (808) 984-8400

### Kauai Claims Office

4370 Kukui Grove Street, Suite 3-214, Lihue, HI 96766-2001  
Phone: (808) 274-3043

### Liable Interstate Unit

830 Punchbowl Street, Room 110, Honolulu, HI 96813-5080  
Phone: (808) 586-8970